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Alexandria, Virginia 22313-1450  
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JUL 28 2004

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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/988,139

11/19/2001

Minoru Takizawa

216234US0

8192

TITLE OF INVENTION: SOLIDIFYING MATERIAL FOR CELL ELECTROLYTE SOLUTION, AND CELL COMPRISING THE SOLIDIFYING MATERIAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1330

\$300

\$1630

09/16/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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CHANEY, CAROL DIANE

1745

429-303000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

OBLON, SPIVAK,

McCLELLAND, MAIER

&amp; NEUSTADT, P.C.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Dainichiseika Color &amp; Chemicals

Tokyo, JAPAN

Mfg. Co., Ltd.

The document has been filed for recordation as set forth in \$3.11

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies 0

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Paul Sacher #43418 7/28/04

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07/29/2004 EFL0RES1 00000148 09988139

01 FC:1501

1330.00 UP

02 FC:1504

300.00 UP

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